



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>1AD134</b>		2. Name of Corporation <b>VAN-GO TRANSPORT LIMITED</b>	
3. Street Address Principal Business Office <b>144 CARRIAGE DRIVE</b>		City <b>PORTSMOUTH</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-848-5755</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>LIVERY - PEOPLE TRANSPORT, RELATED SERVICES</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>ELIZABETH G. WYLIE</b>		Vice President Name <b>SAME</b>	
Street Address <b>144 CARRIAGE DRIVE</b>		Street Address	
City <b>PORTSMOUTH</b>	State <b>R.I.</b>	City	State
Zip <b>02871-2238</b>		Zip	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED <b>100 SHARES - NO PAR VALUE</b>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <b>NONE</b>	Class/Series <b>-</b>
		Par Value <b>NONE</b>	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**CHECK #1475, NEWPORT  
FEDERAL, DTD 28 Sep 2011**  
**\$75.00**  
**for late filing**

<b>FILED</b>	
File Date	<b>SEP 29 2011</b>
Check No.	<b>1475</b>
By:	<b>BY</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Elizabeth G. Wylie** 28 Sept 2011  
Signature Date  
**ELIZABETH G. WYLIE**  
Print or Type Name  
**PRESIDENT (OWNER/OPERATOR)**  
Title